National Board for Wildlife and clearance from Hon'ble Supreme Court. The proposals are considered very judiciously before permitting any diversion of land from Protected Areas.

(c) No irrigation project or construction of dam involving submersion of atleast 1000 acres of sanctuary land has been cleared during the 2005-06 and 2006-07.

Scarcity of medicines in Andhra Pradesh

4050. SHRI M.V. MYSURA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the essential medicines are not available in many Government hospitals, district hospitals and primary health centres functioning at present in Andhra Pradesh;

(b) if so, the reasons therefor;

(c) whether Government have directed the Government of Andhra Pradesh to upgrade the above hospitals and provide the essential medicines in these health centres so that thousands of poor people could get medical treatment; and

(d) if so, the details thereof and the steps being taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Health being a state list subject it is for the State Government of Andhra Pradesh to ensure availability of essential medicines/like action for upgradation of the PHCs, district hospitals and other State Government Hospitals in the State.

Contraceptive injection for women

†4051. SHRI DILIP SINGH JUDEV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that certain injection is being used on women for family planning in this country;

†Original notice of the question was received in Hindi.

(b) if so, whether the same has been developed indigenously or it has been developed in any other country and is being tested on Indian women;

(c) the date on which permission was granted for the use of this injection on trial basis in India; and

(d) the details of its success and its adverse effects on Indian women?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Under the National Family Welfare Programme, there is no injectable contraceptive provided presently. However, there are 3 injectable contraceptives used on women in the country;

(i) Cyclofem—one monthly injectable contraceptive under phase-III clinical trial in ICMR.

(ii) Net-EN-Two monthly progresterone only injectable under phase-III clinical trial in NIRRH, Mumbai.

(iii) DMPA—Though this 3 monthly injectable is not included in the National Family Welfare Programme, Government of India, it is being used in the private sector and NGOs.

(b) Both the injectables on trial basis are not developed indigenously.

(c) ICMR was granted NOC by this Directorate in September, 1999 to conduct clinical trial. Net-EN was approved for import and marketing as contraceptive injection in November, 1993.

(d) The details of success and adverse effects of NET-EN is given in Statement-I for Cyclofem in Statement-II (*See* below).

Statement-I

Details of success and adverse effects of NET-EN

At the initiative of Department of Family Welfare (GOI), the National Institute for Research in Reproductive Health (NIRRH), Mumbai had initiated a multicentre study on 2 monthly injectable contraceptive(Norethisterone Enanthate) after enrolling 1209 women across India. The approved duration of injection in the study was 4 years. The study has been recently completed. The objectives were to assess user acceptability and

continuation rates of this injection, to study side effects and also women's views and attitudes towards injectable contraceptives. The major emphasis of this study was on counseling by skilled councilors and quality services to the users. The results are very reassuring. The observations based 17268 months of injection use show cumulative continuation rates at the end of 12, 13 and 24 months as 65%, 53.6% and 48.3% respectively. It was interesting to note that 39% of women requested to provide them injections beyond study period of 2 years. Over 79% were satisfied with the method. About 89% said that the injectable should be available in our national programme and also 79% of them would recommend this method to their friends and relatives. The method was acceptable by the majority of women and was found very effectively, the cumulative method failure rate was 0.3% at the end of one year.

There was no adverse effect no general or reproductive health necessitating hospitalization. About 91% of women conceived within 12 months and majority (52%) within 6 months after the discontinuation of injection was over.

The study is now nearing completion.

Statement-II

Details of success and adverse effects of CYCLOFEM

ICMR has conducted a study on monthly injectable conraceptive, Cyclofem through its network of Human Reproduction research Centres (HHRCs). A total of 63,784 women attended family planning clinics at 15 HHRCs of the Council were given a balanced presentation of all the contraceptive methods available in the national programme including Cyclofem (Cafeteria a crpach). Out of these 26,856 (42.3%) accepted Tubectomy, 116 (0.2%) couples opted for the Vasectomy, 25% accepted condoms, 15.8% accepted IUD, 14.7% accepted Oral pills and monthly injectable cyclofem was opted by 1330 (2.1) of total family planning seekers.

A total of 1330 women have been enrolled in the study and observed for 11518 women months of use. Mean age of acceptors is 26.0+4.1 years and mean parity of 18+1.0 Mean weight and height of acceptors is recorded as 48.2+10.9 kgs and 152.3+17.7 cms respectively. 87% of the acceptors are literate and 17.8% are employed.

539 women have used 12 injections. The continuation rates at 6, 9 and 12 months are 79.2, 73.9 and 70.3 per 100 users respectively. Majority of the discontinuations were due to menstrual irregularities 9.2 per 100 users at one year, (discontinuations due to ammenorrhoea was 2.2, 2.4 and 2.7 at 6, 9, and 12 months, discontinuation due to heavy and prolonged bleeding were 1.9, 2.1 and 2.7). Infrequent and reduced bleeding did not result in women discontinuing the method. Discontinuations due to personnel reasons were 4.7, 7.0 and 8.4 at 6, 9 and 12 months of use.

No method failure has been reported in this study. Discontinuation rate due to other medical reasons like nausea, vomitings, High Blood Pressure, Rashes and itching, Weight gain and Breast tenderness were 2.2, 3.5 and 3.8 at 6, 9 and 12 months.

116 women discontinued from the study due to personal reasons like transfer to other city (56), husband separated (18) objection from family members (16) and illness of the husband (12) were the majore personal reasons for discontinuations.

The study has just completed and the final reports have been received in the Health Ministry.

Research grant for ICMR

4052. DR. K. KASTURIRANGAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to increase the budgetary allocation for the medical research activities under the Indian Council of medical Research;

(b) if so, the details thereof;

(c) whether Government also propose to support all the related aspects such as augmenting human resource, modernizing infrastructure and more attractive career prospects for the staff to ensure effective utilization of enhanced budgetary provisions; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) The